

MAINE DEPARTMENT OF LABOR  
Bureau of Unemployment Compensation

**UNEMPLOYMENT CONTRIBUTIONS WAGE AND INCOME TAX WITHHOLDING LISTING  
TRANSMITTAL FORM**

<b>Remitter</b>	Remitter Name:		Quarter:	Year:
	Contact:		Telephone No.	
	Address:			
	City:		State:	Zip Code:
<p>List the name and account number of all employers included on the tape(s), diskette(s), or cartridge(s) using additional sheets if needed. If you are reporting for multiple employers and submitting more than one type of media, also indicate the type of media used to report the total quarterly wage detail for each employer.</p>				
	Total Number Employer Records: _____ Total Record Count: _____			
<b>Employer</b>	Employer Name:			
	UC Employer Account Number:			
	Withholding ID Number:			
<b>Media and Format</b>	Indicate the Number of Volumes Submitted by Type of Media and Format Used, and whether it is <b>UC &amp; WH; UC only; or WH only</b>			
		82 Character Wage Detail	85 Character Wage Detail	275 Character (ICESA) Wage Detail
	<b>Reel Tape</b> Density: (Circle One) 1600      6250 Record Size: _____ Block Size: _____			
	<b>3480 Cartridge</b>			
	<b>3.5" Diskette</b>			
Data Mode: (Circle One)      EBCDIC      ASCII –1      Other _____ Labels: (Circle One)      Standard      Unlabeled				